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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 23643
Art Unit: 3743
Confirmation No.: 7500
Application No.: 09/743,737
Invention: Wound Treatment Apparatus
Inventor: Alan Wayne Henley
Filed: January 16, 2001
Attorney
Docket: 7175-67612
Examiner: Lewis, Kim M.

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on

11/28/05

Karla L. Mays

(Signature)

Karla L. Mays

(Printed Name)

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 8, 2005, please amend the subject application as provided below, and consider the following remarks.

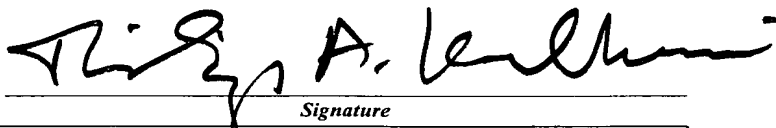

Listing of Claims begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

11/30/2005 EAREGAY1 00000034 09743737

01 FC:1201 600.00 OP
02 FC:1202 200.00 OP

IFW 3743

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 7175-67612	
Applicant(s): Alan Wayne Henley et al.					
Application No. 09/743,737	Filing Date 1/16/01	Examiner Lewis, Kim M.	Customer No. 23643	Group Art Unit 3743	Confirmation No. 7500
Invention: GROUND TREATMENT APPARATUS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	50 -	46 =	4	x \$50.00	\$200.00
INDEP. CLAIMS	12 -	9 =	3	x \$200.00	\$600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$800.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$800.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 10-0435 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature		Dated: 11-28-05			
Dilip A. Kulkarni BARNES & THORNBURG LLP 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7419 Attorney Reg. No. 27,510		<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Comimissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>11/28/05</u> (Date)</p><p style="text-align:center"> Signature of Person Mailing Correspondence</p><p style="text-align:center">Karla I. Mays Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:					